

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Corrine Brown

ADDRESS (number and street)

3563 Carriage Walk Lane

Check if different  
than previously  
reported. (ACC)

Laurel

MD

20724

2. FEC IDENTIFICATION NUMBER ▼

C

C00272732

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

FL

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gloria Simmons

Signature of Treasurer

Gloria Simmons

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Corrine Brown

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	45950.00	119882.12
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2955.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	45950.00	116927.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	37409.57	145047.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	37409.57	145047.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	21559.68	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	20475.44	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 53

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Corrine Brown

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

11450.00

297948.12

(ii) Unitemized.....

0.00

19147.59

(iii) TOTAL of contributions from individuals ▶

11450.00

58882.12

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

34500.00

61000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

45950.00

119882.12

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

800.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

800.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

685.21

1242.60

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

46635.21

121924.72

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 53

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37409.57	145047.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	555.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	2400.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2955.00
21. OTHER DISBURSEMENTS .....	0.00	200.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	37409.57	148202.41

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12334.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	46635.21
25. SUBTOTAL (add Line 23 and Line 24).....	58969.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37409.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	21559.68

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 53

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Madeleine Arison**

Mailing Address 9999 Collins Ave  
Apt 15-GJ

City Bal Harbour State FL Zip Code 33154-1839

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2015

Transaction ID : C10411036

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Micky Arison**

Mailing Address 9999 Collins Avenue

City Bal Harbour State FL Zip Code 33154-1835

FEC ID number of contributing federal political committee. **C**

Name of Employer Carnival Cruise Lines Occupation Chairman

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2015

Transaction ID : C10411037

Amount of Each Receipt this Period

2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Micky Arison**

Mailing Address 9999 Collins Avenue

City Bal Harbour State FL Zip Code 33154-1835

FEC ID number of contributing federal political committee. **C**

Name of Employer Carnival Cruise Lines Occupation Chairman

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2015

Transaction ID : C10411038

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Eugene Finker (Finker Consulting)

Mailing Address 9934 Chelsea Lake Rd

City

Jacksonville

State

FL

Zip Code

32256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2015

Transaction ID : C10411055

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Colleen Fain

Mailing Address 700 Arvida Pkwy

City

Coral Gables

State

FL

Zip Code

33156-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

N/A

Homemaker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2015

Transaction ID : C10411044

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

C. Colleen Fain

Mailing Address 700 Arvida Pkwy

City

Coral Gables

State

FL

Zip Code

33156-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

N/A

Homemaker

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2015

Transaction ID : C10411045

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**Stanley Golston****A.**

Mailing Address 122 Scott St

City

San Francisco

State

CA

Zip Code

94117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AT&amp;T

Occupation

Senior Specialist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

**Transaction ID : C10411061**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**John Morgan****B.**

Mailing Address 836 Clay St.

City

Fleming Island

State

FL

Zip Code

32003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2015

**Transaction ID : C10411046**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

350.00

11450.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 53

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Association PAC**

Mailing Address 1625 Massachusetts Ave NW

City Washington	State DC	Zip Code 20036-2212
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : C10411042

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**American Association for Justice PAC**

Mailing Address 777 6th Street, NW  
Suite 200

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : C10411054

Amount of Each Receipt this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)**

Mailing Address 1015 15TH STREET NW  
SUITE 802

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : C10411048

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

7000.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Association of American Railroads PAC**

Mailing Address 425 3rd St SW  
 Suite 1000

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00280743

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015

Transaction ID : C10411050

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AT&T Inc, Federal PAC**

Mailing Address 208 S Akard St  
 Ste 2701

City Dallas State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

Transaction ID : C10411063

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**BNSF Railway Company PAC**

Mailing Address PO Box 961039

City Fort Worth State TX Zip Code 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : C10411060

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 53

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Brotherhood of Railroad Signalmen PAC**

Mailing Address 917 Shenandoah Shores Rd

City	State	Zip Code
Front Royal	VA	22630

FEC ID number of contributing  
federal political committee.**C** C00011262

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : C10411056**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Alan Grayson**

Mailing Address PO BOX 533616

City	State	Zip Code
ORLANDO	FL	32853

FEC ID number of contributing  
federal political committee.**C** C00424713

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

**Transaction ID : C10411047**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Cruise Lines International Association PAC**Mailing Address 2111 Wilson Blvd  
FI 8

City	State	Zip Code
Arlington	VA	22201-3001

FEC ID number of contributing  
federal political committee.**C** C00432393

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2015

**Transaction ID : C10411039**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 53

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**D.R.I.V.E. - Democrat, Republican, Independent Voter Education**

Mailing Address 25 Louisiana Ave NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.**C** C00032979

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		29		2015

Transaction ID : C10411064

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Employees of Northrop Grumman Corp PAC**

Mailing Address 3699 Wilshire Blvd #1290

City

Los Angeles

State

CA

Zip Code

90010

FEC ID number of contributing  
federal political committee.**C** C00088591

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		02		2015

Transaction ID : C10411041

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**Grand Trunk Western RR Co - Illinois Central RR Co PAC**Mailing Address 601 Pennsylvania Ave NW  
Ste 500 N Bldg

City

Washington

State

DC

Zip Code

20004-2601

FEC ID number of contributing  
federal political committee.**C** C00095117

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		08		2015

Transaction ID : C10411043

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 53

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Great Lakes Dredge & Dock Co. PAC**

Mailing Address 2122 York Road

City State Zip Code  
 Oak Brook IL 60523

FEC ID number of contributing  
federal political committee.

**C** C00264937

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 22 2015

**Transaction ID : C10411052**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Gridiron PAC**

Mailing Address 280 Park Ave

City State Zip Code  
 New York NY 10017-1216

FEC ID number of contributing  
federal political committee.

**C** C00451153

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 13 2015

**Transaction ID : C10411057**

Amount of Each Receipt this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Norfolk Southern Corporation Good Government Fund**

Mailing Address 1 Constitution Ave NE

City State Zip Code  
 Washington DC 20002-5618

FEC ID number of contributing  
federal political committee.

**C** C00009282

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 18 2015

**Transaction ID : C10411051**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 53

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)  
 SEAWORLD PARKS & ENTERTAINMENT INC PAC (SEAWORLD PARKS & ENTERTAINMENT PAC)

**A.**

Mailing Address 9205 SOUTH PARK CENTER LOOP  
 SUITE 400

City State Zip Code  
 ORLANDO FL 32819

FEC ID number of contributing  
federal political committee.

**C** C00501163

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 02 2015

Transaction ID : C10411040

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

**United Transportation Union PAC**

Mailing Address 24950 Country Club Blvd  
 Ste 340

City State Zip Code  
 North Olmstead OH 44070

FEC ID number of contributing  
federal political committee.

**C** C00001636

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 22 2015

Transaction ID : C10411053

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

34500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 53

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input checked="" type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	------------------------------------	--

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Sam's Club

Mailing Address 2101 SE Simple Savings Dr

City

Bentonville

State

AR

Zip Code

72712-4304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

426.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2015

Transaction ID : C10411059

Amount of Each Receipt this Period

426.93

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

426.93

426.93

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Advanced Disposal Services**

Mailing Address 7580 Philips HWY

City	State	Zip Code
Jacksonville	FL	32256

Purpose of Disbursement  
Janitorial Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2015

Amount of Each Disbursement this Period

252.69
--------

Transaction ID : D568169

**B. American Airlines**Mailing Address 1101 17th St NW  
Ste 600

City	State	Zip Code
Washington	DC	20036-4718

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2015

Amount of Each Disbursement this Period

254.10
--------

Transaction ID : D568244

**C. American Airlines**Mailing Address 1101 17th St NW  
Ste 600

City	State	Zip Code
Washington	DC	20036-4718

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2015

Amount of Each Disbursement this Period

228.10
--------

Transaction ID : D568245

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

734.89

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. American Airlines**Mailing Address 1101 17th St NW  
Ste 600

City Washington State DC Zip Code 20036-4718

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2015

Amount of Each Disbursement this Period

60.00
-------

Transaction ID : D568246

**B. American Airlines**Mailing Address 1101 17th St NW  
Ste 600

City Washington State DC Zip Code 20036-4718

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2015

Amount of Each Disbursement this Period

197.10
--------

Transaction ID : D568423

**C. American Airlines**Mailing Address 1101 17th St NW  
Ste 600

City Washington State DC Zip Code 20036-4718

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2015

Amount of Each Disbursement this Period

180.10
--------

Transaction ID : D568424

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

437.20



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Art & Framing**

Mailing Address 2026 P Street NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Art Competition

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

Amount of Each Disbursement this Period

434.60
--------

Transaction ID : D568187

**B. Austin's Soul Food Restaurant**

Mailing Address 4807 North Main Street

City	State	Zip Code
Jacksonville	FL	32206

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2015

Amount of Each Disbursement this Period

50.29
-------

Transaction ID : D568265

**C. Austin's Soul Food Restaurant**

Mailing Address 4807 North Main Street

City	State	Zip Code
Jacksonville	FL	32206

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2015

Amount of Each Disbursement this Period

24.08
-------

Transaction ID : D568266

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

508.97

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Barton Printing Inc**

Mailing Address 1711 E Church St

City  
JacksonvilleState  
FLZip Code  
32202-1119Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2015

Amount of Each Disbursement this Period

773.08
--------

Transaction ID : D568181

**B. Best Western Pentagon**

Mailing Address 2480 S Glebe Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2015

Amount of Each Disbursement this Period

381.94
--------

Transaction ID : D568437

**c. Biltmore Hotel and Coral Gables**

Mailing Address 1200 Anastasia Avenue - Coral Gables

City  
MiamiState  
FLZip Code  
33134Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2015

Amount of Each Disbursement this Period

236.38
--------

Transaction ID : D568444

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1391.40

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Biltmore Hotel and Coral Gables**

Mailing Address 1200 Anastasia Avenue - Coral Gables

City	State	Zip Code
Miami	FL	33134

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

Amount of Each Disbursement this Period

1430.97
---------

Transaction ID : D568445

**B. Boughi Apparel**

Mailing Address 8100 South Orange Blossom Trail

City	State	Zip Code
Orlando	FL	32809

Purpose of Disbursement  
Donor Gift

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2015

Amount of Each Disbursement this Period

455.00
--------

Transaction ID : D569523

**c. Burger King**

Mailing Address 637 North Edgewood Ave

City	State	Zip Code
Jacksonville	FL	32254

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2015

Amount of Each Disbursement this Period

40.19
-------

Transaction ID : D569500

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1926.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Burger King**

Mailing Address 637 North Edgewood Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

City	State	Zip Code
Jacksonville	FL	32254

Amount of Each Disbursement this Period

37.75
-------

Purpose of Disbursement  
Food/BeverageCategory/  
Type

Transaction ID : D569502

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Burger King**

Mailing Address 637 North Edgewood Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2015

City	State	Zip Code
Jacksonville	FL	32254

Amount of Each Disbursement this Period

29.42
-------

Purpose of Disbursement  
Food/BeverageCategory/  
Type

Transaction ID : D569503

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Burger King**

Mailing Address 637 North Edgewood Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2015

City	State	Zip Code
Jacksonville	FL	32254

Amount of Each Disbursement this Period

30.00
-------

Purpose of Disbursement  
Food/BeverageCategory/  
Type

Transaction ID : D569504

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

97.17



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Burger King**

Mailing Address 637 North Edgewood Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2015

City	State	Zip Code
Jacksonville	FL	32254

Amount of Each Disbursement this Period

20.14
-------

Purpose of Disbursement  
Food/BeverageCategory/  
Type

Transaction ID : D569509

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**B. Burger King**

Mailing Address 637 North Edgewood Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2015

City	State	Zip Code
Jacksonville	FL	32254

Amount of Each Disbursement this Period

30.00
-------

Purpose of Disbursement  
Food/BeverageCategory/  
Type

Transaction ID : D569511

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**c. Burger King**

Mailing Address 637 North Edgewood Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2015

City	State	Zip Code
Jacksonville	FL	32254

Amount of Each Disbursement this Period

28.72
-------

Purpose of Disbursement  
Food/BeverageCategory/  
Type

Transaction ID : D569512

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

78.86

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Burger King**

Mailing Address 637 North Edgewood Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2015

City	State	Zip Code
Jacksonville	FL	32254

Purpose of Disbursement  
Food/Beverage

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : D569513

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Cato Travel DC**

Mailing Address Independence Ave SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2015

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Travel Agency Fee

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : D568425

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Cato Travel DC**

Mailing Address Independence Ave SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2015

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Travel Agency Fee

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : D568426

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

85.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Carolyn Chatman**

Mailing Address 4194 Broad Creek Ln

City	State	Zip Code
Jacksonville	FL	32218-9188

Purpose of Disbursement  
Reimb - Newspaper Subscription

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

383.41
--------

Transaction ID : D568178

**B. Carolyn Chatman**

Mailing Address 4194 Broad Creek Ln

City	State	Zip Code
Jacksonville	FL	32218-9188

Purpose of Disbursement  
Reimb - Art Competition

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

312.54
--------

Transaction ID : D568179

**C. Chick-Fil-A**

Mailing Address 9398 Atlantic Blvd.

City	State	Zip Code
Jacksonville	FL	32225

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

68.27
-------

Transaction ID : D568282

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

764.22



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Eatonville Community**

Mailing Address 227 E. Kennedy Blvd.

City	State	Zip Code
Eatonville	FL	32751

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2015

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : D568186

**B. Control Point Group LLC**

Mailing Address 458 New Jersey Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Robo Calls

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2015

Amount of Each Disbursement this Period

3637.16
---------

Transaction ID : D568180

**c. Eagle Inn**

Mailing Address 3155 Phillips Hwy

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

Amount of Each Disbursement this Period

135.00
--------

Transaction ID : D568447

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5022.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Eagle Inn**

Mailing Address 3155 Phillips Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2015

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement  
Lodging

Amount of Each Disbursement this Period

135.00
--------

**Transaction ID : D568449**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Eagle Inn**

Mailing Address 3155 Phillips Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2015

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement  
Lodging

Amount of Each Disbursement this Period

135.00
--------

**Transaction ID : D568450**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Eagle Inn**

Mailing Address 3155 Phillips Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement  
Lodging

Amount of Each Disbursement this Period

135.00
--------

**Transaction ID : D568457**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

405.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Eagle Inn**

Mailing Address 3155 Phillips Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2015

City	State	Zip Code
Jacksonville	FL	32207

Amount of Each Disbursement this Period

135.00
--------

Purpose of Disbursement  
LodgingCategory/  
Type

Transaction ID : D568458

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Eagle Inn**

Mailing Address 3155 Phillips Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2015

City	State	Zip Code
Jacksonville	FL	32207

Amount of Each Disbursement this Period

70.00
-------

Purpose of Disbursement  
LodgingCategory/  
Type

Transaction ID : D568459

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Eagle Inn**

Mailing Address 3155 Phillips Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
Jacksonville	FL	32207

Amount of Each Disbursement this Period

135.00
--------

Purpose of Disbursement  
LodgingCategory/  
Type

Transaction ID : D568460

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

340.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Edible Arrangements**

Mailing Address 11776 E Colonial Dr

City	State	Zip Code
Orlando	FL	32817

Purpose of Disbursement  
Fruit Basket

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2015

Amount of Each Disbursement this Period

95.61
-------

Transaction ID : D568279

**B. Edible Arrangements**

Mailing Address 11776 E Colonial Dr

City	State	Zip Code
Orlando	FL	32817

Purpose of Disbursement  
Fruit Basket

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

98.13
-------

Transaction ID : D568281

**c. Embassy Suite Hotels**

Mailing Address 755 Crossover Lane

City	State	Zip Code
Memphis	TN	38117

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2015

Amount of Each Disbursement this Period

266.56
--------

Transaction ID : D568198

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

460.30

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Fresh Connections Catering**

Mailing Address 1114 Herndon Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2015

City	State	Zip Code
Herndon	VA	20170

Amount of Each Disbursement this Period

379.30
--------

Purpose of Disbursement  
CateringCategory/  
Type

Transaction ID : D568191

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Giant Oil**

Mailing Address 4453 San Juan Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2015

City	State	Zip Code
Jacksonville	FL	32210

Amount of Each Disbursement this Period

30.97
-------

Purpose of Disbursement  
TravelCategory/  
Type

Transaction ID : D568252

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Giant Oil**

Mailing Address 4453 San Juan Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

City	State	Zip Code
Jacksonville	FL	32210

Amount of Each Disbursement this Period

40.63
-------

Purpose of Disbursement  
TravelCategory/  
Type

Transaction ID : D568259

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

450.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Hanna Hunt**

Mailing Address 2007 Paul Spring Road

City	State	Zip Code
Alexandria	VA	22309

Purpose of Disbursement  
reimbursement for postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2015

Amount of Each Disbursement this Period

73.50
-------

Transaction ID : D568184

**B. Hanna Hunt**

Mailing Address 2007 Paul Spring Road

City	State	Zip Code
Alexandria	VA	22309

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2015

Amount of Each Disbursement this Period

2921.00
---------

Transaction ID : D568171

**c. Hilton Convention Center**

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

258.76
--------

Transaction ID : D568427

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3253.26

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Holiday Inn Port of Miami**

Mailing Address 340 Biscayne Blvd

City	State	Zip Code
Miami	FL	33132

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2015

Amount of Each Disbursement this Period

314.14
--------

Transaction ID : D568452

**B. Holiday Inn Port of Miami**

Mailing Address 340 Biscayne Blvd

City	State	Zip Code
Miami	FL	33132

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2015

Amount of Each Disbursement this Period

314.14
--------

Transaction ID : D568453

**C. Holiday Inn Port of Miami**

Mailing Address 340 Biscayne Blvd

City	State	Zip Code
Miami	FL	33132

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2015

Amount of Each Disbursement this Period

314.14
--------

Transaction ID : D568454

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

942.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Holiday Inn Port of Miami**

Mailing Address 340 Biscayne Blvd

City	State	Zip Code
Miami	FL	33132

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2015

Amount of Each Disbursement this Period

314.14
--------

Transaction ID : D568455

**B. J Pope Consulting, LLC**

Mailing Address 10503 Sweetbriar Parkway

City	State	Zip Code
Silver Spring	MD	20903

Purpose of Disbursement  
Compliance Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : D568183

**C. Lansdowne Restort**

Mailing Address 44050 Woodridge Pkwy

City	State	Zip Code
Leesburg	VA	20176

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2015

Amount of Each Disbursement this Period

249.27
--------

Transaction ID : D568438

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2563.41



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Lansdowne Restort**

Mailing Address 44050 Woodridge Pkwy

City	State	Zip Code
Leesburg	VA	20176

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

561.06
--------

Transaction ID : D568439

**B. Lansdowne Restort**

Mailing Address 44050 Woodridge Pkwy

City	State	Zip Code
Leesburg	VA	20176

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

205.10
--------

Transaction ID : D568440

**c. Mila's Catering Inc**

Mailing Address 1720 Lanier PI NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement  
Catering Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

900.00
--------

Transaction ID : D568176

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1666.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Millennium ONE UN New York**

Mailing Address One United Nations Plaza

City	State	Zip Code
New York	NY	10017

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2015

Amount of Each Disbursement this Period

288.19
--------

Transaction ID : D568435

**B. Morton's of Coral Gables**

Mailing Address 2333 Ponce De Leon Blvd

City	State	Zip Code
Miami	FL	33134

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2015

Amount of Each Disbursement this Period

236.38
--------

Transaction ID : D568446

**C. National Democratic Club**

Mailing Address 30 Ivy St SE

City	State	Zip Code
Washington	DC	20003-4006

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2015

Amount of Each Disbursement this Period

3722.47
---------

Transaction ID : D568175

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4247.04

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Palm Too Restaurant**

Mailing Address 840 2nd Ave

City	State	Zip Code
New York	NY	10017

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2015

Amount of Each Disbursement this Period

313.57
--------

Transaction ID : D568434

**B. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

69.68
-------

Transaction ID : D568270

**c. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

Amount of Each Disbursement this Period

35.00
-------

Transaction ID : D568271

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

418.25

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : D568277

**B. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

Amount of Each Disbursement this Period

35.00
-------

Transaction ID : D568256

**C. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : D568257

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

95.00
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

60.56
-------

Transaction ID : D568258

**B. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2015

Amount of Each Disbursement this Period

68.97
-------

Transaction ID : D568205

**C. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2015

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : D568206

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

159.53



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Rev. James Sampson**

Mailing Address 4835 Suntel Dr.

City	State	Zip Code
Jacksonville	FL	32208

Purpose of Disbursement  
Lunch Event

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2015

Amount of Each Disbursement this Period

269.90
--------

Transaction ID : D569561

**B. Rev. James Sampson**

Mailing Address 4835 Suntel Dr.

City	State	Zip Code
Jacksonville	FL	32208

Purpose of Disbursement  
Lunch Event

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2015

Amount of Each Disbursement this Period

130.00
--------

Transaction ID : D569562

**C. Rev. James Sampson**

Mailing Address 4835 Suntel Dr.

City	State	Zip Code
Jacksonville	FL	32208

Purpose of Disbursement  
Lunch Event

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2015

Amount of Each Disbursement this Period

60.00
-------

Transaction ID : D569565

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

269.90

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. River City Brewing Restaurant**

Mailing Address 835 Museum Circle

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2015

Amount of Each Disbursement this Period

245.52
--------

Transaction ID : D568287

**B. Ruth's Chris Steak House**

Mailing Address 1201 Riverplace Blvd.

City	State	Zip Code
Jacksonville	FL	32206

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2015

Amount of Each Disbursement this Period

27.00
-------

Transaction ID : D568286

**c. Sam's Club**

Mailing Address 2101 SE Simple Savings Dr

City	State	Zip Code
Bentonville	AR	72712-4304

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2015

Amount of Each Disbursement this Period

426.93
--------

Transaction ID : D568263

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

699.45
--------



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Sam's Club**

Mailing Address 2101 SE Simple Savings Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2015

City	State	Zip Code
Bentonville	AR	72712-4304

Amount of Each Disbursement this Period

200.00
--------

Purpose of Disbursement  
Office SuppliesCategory/  
Type

Transaction ID : D568193

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Ronita Sanders**

Mailing Address 4519 Lenox Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2015

City	State	Zip Code
Orlando	FL	32811

Amount of Each Disbursement this Period

350.00
--------

Purpose of Disbursement  
Reimbursement: Office SuppliesCategory/  
Type

Transaction ID : D568174

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Shell Service Station**

Mailing Address 620 Chaffee Rd S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2015

City	State	Zip Code
Jacksonville	FL	32221-1104

Amount of Each Disbursement this Period

39.00
-------

Purpose of Disbursement  
TravelCategory/  
Type

Transaction ID : D568196

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

589.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Shell Service Station**

Mailing Address 620 Chaffee Rd S

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2015

Amount of Each Disbursement this Period

22.03
-------

Transaction ID : D568242

**B. Shell Service Station**

Mailing Address 620 Chaffee Rd S

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2015

Amount of Each Disbursement this Period

30.95
-------

Transaction ID : D568264

**C. Shell Service Station**

Mailing Address 620 Chaffee Rd S

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2015

Amount of Each Disbursement this Period

30.06
-------

Transaction ID : D568260

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

83.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Shell Service Station**

Mailing Address 620 Chaffee Rd S

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2015

Amount of Each Disbursement this Period

41.39
-------

Transaction ID : D568278

**B. Shell Service Station**

Mailing Address 620 Chaffee Rd S

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2015

Amount of Each Disbursement this Period

21.01
-------

Transaction ID : D568290

**C. Shell Service Station**

Mailing Address 620 Chaffee Rd S

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

39.05
-------

Transaction ID : D568432

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

101.45
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Soul Food Bistro**

Mailing Address 5119 Normandy Blvd

City	State	Zip Code
Jacksonville	FL	32205

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2015

Amount of Each Disbursement this Period

107.35
--------

Transaction ID : D568255

**B. Soul Food Bistro**

Mailing Address 5119 Normandy Blvd

City	State	Zip Code
Jacksonville	FL	32205

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2015

Amount of Each Disbursement this Period

33.70
-------

Transaction ID : D568429

**c. Sunny's Worldwide Chauffeured Transportation**Mailing Address 23765 Pebble Run Pl  
Ste 220

City	State	Zip Code
Sterling	VA	20166

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

107.92
--------

Transaction ID : D568430

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

248.97

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Sunny's Worldwide Chauffeured Transportation**Mailing Address 23765 Pebble Run Pl  
Ste 220City State Zip Code  
Sterling VA 20166Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

Amount of Each Disbursement this Period

159.70
--------

Transaction ID : D568199

**B. Sunny's Worldwide Chauffeured Transportation**Mailing Address 23765 Pebble Run Pl  
Ste 220City State Zip Code  
Sterling VA 20166Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

Amount of Each Disbursement this Period

156.20
--------

Transaction ID : D568200

**c. Sunny's Worldwide Chauffeured Transportation**Mailing Address 23765 Pebble Run Pl  
Ste 220City State Zip Code  
Sterling VA 20166Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

Amount of Each Disbursement this Period

156.20
--------

Transaction ID : D568201

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

472.10

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Sunny's Worldwide Chauffeured Transportation**Mailing Address 23765 Pebble Run Pl  
Ste 220City State Zip Code  
Sterling VA 20166Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

Amount of Each Disbursement this Period

136.32
--------

Transaction ID : D568202

**B. Sunny's Worldwide Chauffeured Transportation**Mailing Address 23765 Pebble Run Pl  
Ste 220City State Zip Code  
Sterling VA 20166Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2015

Amount of Each Disbursement this Period

690.31
--------

Transaction ID : D568197

**c. SynSha' Fashions Motique**

Mailing Address 4651 Salisbury Rd

City State Zip Code  
Jacksonville FL 32256Purpose of Disbursement  
Donor Gift

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2015

Amount of Each Disbursement this Period

312.00
--------

Transaction ID : D569516

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1138.63

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 20 N. Wacker Dr. Suite 1728

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2015

Amount of Each Disbursement this Period

1316.20
---------

Transaction ID : D568254

**B. United States Postal Service**

Mailing Address 1200 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20004-2403

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2015

Amount of Each Disbursement this Period

98.00
-------

Transaction ID : D568185

**c. United States Postal Service**

Mailing Address 1200 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20004-2403

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

Amount of Each Disbursement this Period

281.00
--------

Transaction ID : D568182

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1695.20

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 53

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

City	State	Zip Code
Phoenix	AZ	85034-3802

Amount of Each Disbursement this Period

323.10
--------

Purpose of Disbursement  
TravelCategory/  
Type

Transaction ID : D568249

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

City	State	Zip Code
Phoenix	AZ	85034-3802

Amount of Each Disbursement this Period

252.10
--------

Purpose of Disbursement  
TravelCategory/  
Type

Transaction ID : D568250

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

City	State	Zip Code
Phoenix	AZ	85034-3802

Amount of Each Disbursement this Period

240.10
--------

Purpose of Disbursement  
TravelCategory/  
Type

Transaction ID : D568251

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

815.30

32358.10



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 49 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L815

Friends of Corrine Brown

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

Corrine Brown

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

611 Appian Way West

City

State

ZIP Code

Jacksonville

FL

32208

Original Amount of Loan

1500.00

Cumulative Payment To Date

1000.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 27 / 2010

Date Due

M M / D D / Y Y Y Y  
No Due Date

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 50 OF 53

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L1011

Friends of Corrine Brown

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

Corrine Brown

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

611 Appian Way West

City

State

ZIP Code

Jacksonville

FL

32208

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 26 / 2012

Date Due

M M / D D / Y Y Y Y  
No Due Date

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 51 OF 53

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L1337

Friends of Corrine Brown

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

Corrine Brown

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

611 Appian Way West

City

State

ZIP Code

Jacksonville

FL

32208

Original Amount of Loan

800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

800.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 13 / 2015

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

800.00

**TOTALS** This Period (last page in this line only)..... ►

3300.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 52 OF 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Influential Data**

Nature of Debt (Purpose):

Voter Outreach Calling Services

Mailing Address 12121 Wilshire Blvd  
Suite 750City State Zip Code  
Los Angeles CA 90025

Outstanding Balance Beginning This Period

4105.44

**Transaction ID : D472903**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4105.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lee Lewis Media Management**

Nature of Debt (Purpose):

Printing and Direct Mail Services

Mailing Address 5300 Memorial Dr

City State Zip Code  
Stone Mountain GA 30083

Outstanding Balance Beginning This Period

5000.00

**Transaction ID : D365767**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lee Lewis Media Management**

Nature of Debt (Purpose):

Magazine Copies

Mailing Address 5300 Memorial Dr

City State Zip Code  
Stone Mountain GA 30083

Outstanding Balance Beginning This Period

1500.00

**Transaction ID : D365770**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

10605.44

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 53 OF 53

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Main Street Communications**

Nature of Debt (Purpose):

Communications Consulting Services

Mailing Address 1300 NE 94th St

City State

Zip Code

Miami Shores

FL

33138

Outstanding Balance Beginning This Period

6450.00

**Transaction ID : D472904**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6450.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Sandler, Reiff, Young & Lamb PC**

Nature of Debt (Purpose):

Legal Services

Mailing Address 1025 Vermont Ave NW  
Ste 300

City State

Zip Code

Washington

DC

20005-6302

Outstanding Balance Beginning This Period

120.00

**Transaction ID : D488834**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

120.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ►

6570.00

2) **TOTALS** This Period (last page this line number only) ..... ►

17175.44

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

3300.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

20475.44